

**Texas Board of Nursing
Program Information Form
for Self-Study Report**

Name of Program:

Type of Program: **Vocational Education** **Professional Education**

Please provide the following information about the program of study:
(Attach sections as needed.)

Required courses for program completion:

Course Number & Title	Course Description	Course Objectives	Credit Hours Didactic hours/week

Program objectives/outcomes:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Course descriptions and course objectives for each nursing course:

For each course, provide

- course number,
- title,
- brief course description,
- and course objectives.

Method of delivery (check all that apply):

- ☐ face-to-face classes
- ☐ program totally online
- ☐ select courses online
- ☐ web enhanced face-to-face classes
- ☐ day classes only
- ☐ evening classes only
- ☐ day and evening classes
- ☐ day clinicals only
- ☐ evening/weekend clinicals
- ☐ preceptors used for selected clinical courses
- ☐ preceptors used exclusively

Clinical Learning Experiences:

[illegible]

List of Current Faculty:

[illegible]